

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553406

FILING DATE

10.17.05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4	1	3	1	3		
5	1		1			
6	1	1	1	3		
7	1	3	1	2		
8	1					
9	1	3	1	2		
10	1	3	1	2		
11	1	1	1	2		
12	1		1			
13	1	1	1			
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16	1		1			
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TOTAL IND.			6			
TOTAL DEP.			22			
TOTAL CLAIMS	:		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	:					

Charlotte Burt

BEST AVAILABLE COPY